

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street)

700 Newport Center Drive

Check if different  
than previously  
reported. (ACC)

Newport Beach

CA

92660

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00068528

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE**-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2007

through

03

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Haskell

Signature of Treasurer

Electronically Filed by Robert Haskell

Date

04

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		20761.19
(b) Cash on Hand at Beginning of Reporting Period .....	38633.47	
(c) Total Receipts (from Line 19) .....	16241.14	48613.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54874.61	69374.61
7. Total Disbursements (from Line 31) .....	18500.00	33000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36374.61	36374.61
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9463.48	18225.76
(i) Itemized (use Schedule A) .....	6777.66	30387.66
(ii) Unitemized .....	16241.14	48613.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	16241.14	48613.42
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16241.14	48613.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16241.14	48613.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	33000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18500.00	33000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18500.00	33000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16241.14	48613.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16241.14	48613.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. DANIEL F BASS  
Mailing Address 385 WHITE CAP LN

City State Zip Code  
NEWPORT COAST CA 92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362151041

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ANTHONY J BONNO  
Mailing Address 2384 PORTRAIT WAY

City State Zip Code  
TUSTIN CA 92782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
SR VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362231041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ALAN H BROWN  
Mailing Address 505 13TH ST

City State Zip Code  
HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP INFO TECH OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362251041

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
SR VP AMF CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362301041

Amount of Each Receipt this Period

140.00

P/R Deduction (\$140.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL J BUSSARD

Mailing Address 3029 FLAGSTONE DR

City State Zip Code  
FRANKLIN TN 37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362311041

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City State Zip Code  
YORBA LINDA CA 92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
SR VP CONT & CHF ACTG OFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362321041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

323.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** MR. DAVID R CARMICHAEL

Mailing Address 1525 SERENADE TER

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR VP GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362361041

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City State Zip Code  
 MISSION VIEJO CA 92691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR VP PROD MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362381041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code  
 SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP & INVEST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362401041

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

601.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

MS. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code  
 DANA POINT CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR10362431041

Amount of Each Receipt this Period

105.00

P/R Deduction (\$105.00 Monthly)

B. Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAIN WAY

City State Zip Code  
 IRVINE CA 92604

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR10362511041

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)

MR. CAMERON COSGROVE

Mailing Address 20455 VIA BURGOS

City State Zip Code  
 YORBA LINDA CA 92887

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
VP LIFE CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR10362531041

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City State Zip Code  
 IRVINE CA 92623

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . . . .

Transaction ID: PR10362591041

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. LINDA K DAVIS

Mailing Address 8315 ROAD R NW

City State Zip Code  
 QUINCY WA 98848

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . . . .

Transaction ID: PR10362621041

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . . . .

Transaction ID: PR10362711041

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

295.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10362861041

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 31735 SEACLIFF DR

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10363061041

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.** Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
SAN DIEGO CA 92107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10363071041

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

615.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM L HEZZELWOOD  
Mailing Address 6700 CAMINO CRESTA

City State Zip Code  
SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP PROGRAM MGMT OFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363131041

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. HOWARD T HIRAKAWA  
Mailing Address 23972 GOLDENEYE DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363161041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. CAROL A JENSEN  
Mailing Address 8554 202ND STREET SW

City State Zip Code  
EDMONDS WA 98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363241041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City State Zip Code  
TOWSON MD 21204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363271041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City State Zip Code  
DANA POINT CA 92629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP & TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363371041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code  
SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP KEY ACCOUNT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363421041

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
PALOS VERDES EST CA 90274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363471041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City State Zip Code  
ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363481041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
COSTA MESA CA 92626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
AVP VARIABLE REG COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363561041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code  
 IRVINE CA 92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP ANNUITY APPLIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363591041

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code  
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363611041

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

MS. JULIA C MC KINNEY

Mailing Address 207 N ELLERY DR

City State Zip Code  
 SAN PEDRO CA 90732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363631041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. HENRY M MC MILLAN  
Mailing Address 4006 INLET ISLE DR

City State Zip Code  
CORONA DEL MAR CA 92625

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 M M / D D / Y Y Y Y Y

Transaction ID: PR10363661041

Amount of Each Receipt this Period

87.50

P/R Deduction (\$87.50 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN E MILBERG  
Mailing Address 33811 DONEGAL LN

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
SR VP RISK FIN & IM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 M M / D D / Y Y Y Y Y

Transaction ID: PR10363701041

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. AUDREY L MILFS  
Mailing Address 26922 ROCKING HORSE LN

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 M M / D D / Y Y Y Y Y

Transaction ID: PR10363711041

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

437.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363791041

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363801041

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DARAGH M O'SULLIVAN

Mailing Address 177 22ND ST APT 14

City State Zip Code  
COSTA MESA CA 92627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363901041

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

741.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MS. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City State Zip Code  
**SAN CLEMENTE** **CA** **92673**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10364021041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City State Zip Code  
**NEWPORT BEACH** **CA** **92660**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP COMM MORT PROD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10364081041

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES R RICE

Mailing Address 11 STILLWATER

City State Zip Code  
**IRVINE** **CA** **92603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10364141041

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

MR. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City State Zip Code  
 SCOTTSDALE AZ 85262

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
EXEC VP ANNUITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364181041

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

B. Full Name (Last, First, Middle Initial)

MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City State Zip Code  
 CHAPEL HILL NC 27517

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364231041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)

MR. RICHARD J SCHINDLER

Mailing Address 28792 APPLETREE

City State Zip Code  
 MISSION VIEJO CA 92692

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific LifeOccupation  
SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364261041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364311041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code  
COSTA MESA CA 92626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364441041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. THOMAS C SUTTON

Mailing Address 111 SHORECLIFF RD

City State Zip Code  
CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
CHRMN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364521041

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

591.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City State Zip Code  
ORANGE CA 92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364581041

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City State Zip Code  
IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
EXEC VP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364601041

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP RE UNDERWRITING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364651041

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

571.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City State Zip Code  
IRVINE CA 92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364701041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365141041

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. PHILIP A TEETER

Mailing Address 73 WOODHAVEN DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP ANN TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365471041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT C HSU  
Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
SR VP ANN ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365661041

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. VALERIE MORRIS  
Mailing Address 48 W YALE LOOP

City State Zip Code  
IRVINE CA 92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP HR PRGMS & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365681041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PATRICIA S DOUGLASS  
Mailing Address 640 SAINT JAMES RD

City State Zip Code  
NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365731041

Amount of Each Receipt this Period

205.00

P/R Deduction (\$205.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City State Zip Code  
ALAMO CA 94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365781041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DONALD M DOWNING

Mailing Address 995 QUIVERA ST

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
FVP M MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365831041

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City State Zip Code  
BOCA RATON FL 33428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365851041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City State Zip Code  
 BRIDGEWATER MA 02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365961041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City State Zip Code  
 LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP ACCUM PRODUCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366041041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

MR. TRAVIS R MC KAY

Mailing Address 24719 JOLEE CT

City State Zip Code  
 PLAINFIELD IL 60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366061041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
**FOUNTAIN VALLEY** **CA** **92708**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
AVP VALUATION & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10366101041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City State Zip Code  
**SAN JUAN CAPISTRAN** **CA** **92675**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10366191041

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code  
**WESTERVILLE** **OH** **43082**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR10366271041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MS. MARY ANN BROWN

Mailing Address 288 CHIQUITA ST

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR VP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366311041

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code  
IRVINE CA 92620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP INFO TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366351041

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. THOMAS GIBBONS

Mailing Address 45137 BIG CANYON ST

City State Zip Code  
INDIO CA 92201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366361041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

666.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MR. KYLE R WOODDELL

Mailing Address 2500 CHRISTOPHER OAKS CT

City State Zip Code  
 SAINT LOUIS MO 63129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366591041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City State Zip Code  
 PARKER CO 80134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366911041

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. PETER S DEERING

Mailing Address 3314 HILL ST

City State Zip Code  
 SAN DIEGO CA 92106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR VP PSD STRATEGC GRWTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366961041

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

9463.48

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Friends of Barbara Boxer**

Mailing Address PO Box 64151

City  
Los Angeles

State  
CA

Zip Code  
90064

Purpose of Disbursement  
Contribution

Candidate Name  
Barbara Boxer

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 2

Transaction ID: 3871262

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Wally Herger for Congress**

Mailing Address P.O. Box 16021

City  
Alexandria

State  
VA

Zip Code  
22302

Purpose of Disbursement  
Contribution

Candidate Name  
Wally Herger

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 2

Transaction ID: 3871269

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

Candidate Name  
Fortney Stark

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 3871279

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Sherman for Congress

Mailing Address P.O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

Candidate Name  
Brad Sherman

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 27

**Transaction ID:** 3871278

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Buck McKeon for Congress

Mailing Address 2875 Towerview Road, Suite 1000

City  
Herndon

State  
VA

Zip Code  
20171

Purpose of Disbursement  
Contribution

Candidate Name  
Howard McKeon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 25

**Transaction ID:** 3871273

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Royce Campaign Committee

Mailing Address PO Box 2525

City  
Orange

State  
CA

Zip Code  
92859

Purpose of Disbursement  
Contribution

Candidate Name  
Edward Royce

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 40

**Transaction ID:** 3871277

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. McNulty for Congress Committee**

Mailing Address P.O. Box 1560

City State Zip Code  
Green Island NY 12183

Purpose of Disbursement  
Contribution

Candidate Name  
Michael McNulty

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 3871274

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Pryor for US Senate Committee**

Mailing Address 420 C Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Mark Pryor

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 2

Transaction ID: 3871276

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Rahm Emanuel**

Mailing Address P.O. Box 101124

City State Zip Code  
Chicago IL 60610

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Rahm Emanuel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 3871266

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** John Kerry for Senate

Mailing Address 511 C Street Ne

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. John Kerry

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 3871270

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** McConnell Senate Committee '08

Mailing Address PO Box 1496

City  
Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Mitch McConnell

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 3871272

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Pryce For Congress

Mailing Address 145 E. Rich Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Deborah Pryce

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 3871275

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Patrick Tiberi

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 12

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3871280

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

18500.00